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CONFIRMATION NO. 4432

<b>SERIAL NUMBER</b> 10/741,517	<b>FILING OR 371(c) DATE</b> 12/19/2003 <b>RULE</b>	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2154	<b>ATTORNEY DOCKET NO.</b> 920673-95338
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None, (DN)

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None, (DN)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 03/30/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IRELAND	SHEETS DRAWING 3	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

## ADDRESS

23644

## TITLE

Computer telephone integration over a network

<b>FILING FEE RECEIVED</b> 1456	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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